



ADULT COMMUNITY CORRECTIONS DIVISION STANDARD OPERATING PROCEDURES

Procedure No.: ACCD 4.5.2000	Subject: EMERGENCY MEDICAL SERVICES
Reference: ACCD 1.1.600 RD ; DOC 4.5.20; 53-1-203, MCA	Page 1 of 3
Effective Date: 11/07/12	Revision Dates:
Signature / Title: /s/ Pam Bunke, ACCD Administrator	

I. DIVISION DIRECTIVE:

Adult Community Corrections Division's facilities will follow established procedures to ensure emergency medical services are available to offenders.

II. DEFINITIONS:

ACCD-Adult Community Corrections Division Program/Facility – The Division includes the Adult Interstate Bureau, Missoula Assessment and Sanction Center (MASC), Treasure State Correctional Training Center (TSCTC), and the Probation and Parole Bureau which provides the following programs and facilities: Day Reporting Program (DRP), Intensive Supervision Programs (ISP), and Enhanced Supervision Program (ESP). Contract facilities include Prerelease Centers (PRC), Sanction Treatment Assessment Revocation & Transition (START), Warm Springs Addiction Treatment and Change Program (WATCH), Connections Corrections Program (CCP), Passages Alcohol and Drug Treatment (Passages ADT), Passages Assessment Sanction & Revocation Center (Passages ASRC), NEXUS Correctional Treatment Center (NEXUS), and Elkhorn Treatment Center (Elkhorn).

Department – The Montana Department of Corrections.

Emergency Care – Health care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic.

Health Care Providers – Licensed health care providers (e.g., physicians, nurses, psychiatrists, dentists, and mental health practitioners), including contracted or fee-for-service providers, responsible for offender health care and treatment.

Health Care Staff – Includes licensed health care providers and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for offender health care administration and treatment.

Prerelease Facility Contract Manager – The Department's employee who acts as the liaison for services and monitors the contractual agreements between the Department and prerelease centers: Alpha House PRC, Gallatin County Re-entry Program, Butte PRC, Great Falls Transition Center, Helena PRC, and Missoula PRC.

Treatment Facility Contract Manager – The Department's employee who acts as the liaison for services and monitors the contractual agreement between the Department and ACCD contracted treatment facilities: START, CCP, Passages, Elkhorn, NEXUS, and WATCH.

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III. PROCEDURES:

- A. Emergency care may be provided without prior authorization, however, the Health Services Bureau (HSB) and appropriate Administrator (MASC) or Contract Manager (Prerelease or Facility Treatment Contract Manager) will be contacted as soon as possible to furnish full information regarding the nature of the illness, the type of treatment to be provided, and the estimated length of treatment. HSB will review each case individually.
- B. All health care staff will be trained in cardiopulmonary resuscitation (CPR) and emergency medical response procedures.
- C. Facility staff who have been trained in CPR, the recognition of medical emergencies, the location of first response emergency equipment, and procedures to obtain emergency assistance will be present on each shift.
- D. First aid supplies and equipment will be available at all times in facility. Supplies will be replenished after use and equipment must comply with local and state standards.
- E. If staff initiates resuscitation measures, they will continue to resuscitate until the offender's care is transferred to emergency personnel, or a physician makes a finding of death.
- F. Emergency Response
 1. Staff will immediately respond to emergencies with appropriate equipment.
 2. Trained personnel must assess the offender's health status, stabilize the offender's condition, and contact emergency medical services.
 3. Health care providers must respond to medical emergencies in accordance with specified protocols.
- G. Emergency Services
 1. Health care staff will have a written plan for accessing emergency services that includes the following:
 - a. emergency patient transport from the facility;
 - b. use of an emergency medical vehicle;
 - c. use of one or more designated hospital emergency departments or other appropriate facilities;
 - d. emergency on-call physician, mental health, and dental services when the emergency health care facility is not located nearby;
 - e. security procedures for the immediate transfer of patients for emergency medical care; and
 - f. notification of the facility administrator/director.
 2. When necessary to transport the offender to an off-site health care facility, the following guidelines will determine the appropriate mode of transportation:
 - a. an ambulance will be used if the emergency is life threatening or deemed necessary by attending staff (the Department will initially accept responsibility for an offender's ambulance transport to avoid delayed medical treatment; however, HSB will review all ambulance transports for appropriateness); or

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- b. the facility will transport or arrange transportation for ambulatory offenders in non-emergent situations.
- 3. Facility staff will provide, when available, written information to emergency medical technicians that includes:
 - a. history of the emergency condition;
 - b. treatment given;
 - c. present status;
 - d. allergies; and
 - e. other pertinent information.
- 4. Health care staff will regularly check the availability of emergency supplies.
- 5. Health care staff will record the date and time of the emergency response in the offender's health record, include assessment and treatment information, and sign the document.
- 6. Medical cases requiring ambulance transport, and cases of self-mutilation resulting in transport to an emergency room or urgent care, have been classified as Priority II incidents. Priority II incidents are reported through the established facility internal chain of command process and to the appropriate Administrator (MASC) or Contract Manager (Prerelease Facility Contract Manager or Treatment Facility Contract Manager). Designated authority within the chain of command or the Contract Manager will analyze the incident and may reclassify it accordingly. See *ACCD 1.1.600 **RD** Priority Incident Reporting*.

IV. CLOSING:

Questions concerning this procedure should be directed to the Health Services Bureau Chief.